

Using CAHPS to Improve Quality at the Health Plan Level

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Overview of RAND's Quality Improvement Work



- Year 1 – Learn views of health plans about CAHPS and quality improvement activities
- Year 2 –
 - Test new survey items that are actionable for health plans and providers
 - Which offer important information
 - How they correlate to CAHPS items
 - Strategies health plans can apply to use them
 - Develop tools for health plans to gather QI data and change practices to do better on CAHPS
- Years 3-5 – Demonstrations to test QI interventions

Quality Improvement Activity - Year 2



Quality Improvement Team Members – Donna Farley, Denise Quigley, Dennis Scanlon

■ Activities:

- Interviews with health plans as part of the market research interviews
- Delphi process with health plans to identify priority domains for QI supplemental items
- Development and field test QI supplemental items designed to be more actionable
- Development of case examples of successful CAHPS QI interventions by health plans

Purpose of the Health Plan QI Interviews



- Understand which quality improvement priorities health plans have identified and how consumer-reported measures are included
- Document how health plans use CAHPS – marketing, quality improvement, other
- Obtain feedback from health plans on the value and limitations of CAHPS for QI
- Identify topics important to health plans for more actionable data from CAHPS

Profile of Health Plans Interviewed



Total of 27 health plans interviewed:

- **4 BCBS plans that do not use the CAHPS survey**
- **4 BCBS plans that field CAHPS, but do not report to NCQA Quality Compass**
- **19 plans identified from Quality Compass, grouped based on CAHPS performance in 2000 and 2002**
 - **5 plans with consistently high CAHPS scores**
 - **4 plans with consistently low CAHPS scores**
 - **5 plans with improved CAHPS scores**
 - **5 plans with declining CAHPS scores**

Highlights of Findings from the Health Plan Interviews



- **Motivation was confirmed – plans valued CAHPS data for some purposes but felt it was not actionable for QI**
- **Primary uses of CAHPS**
 - Trending
 - Benchmarking to other plans
 - Identification of QI issue areas
- **NCQA accreditation was key driver for use of CAHPS survey**

Feedback on CAHPS Topic Areas



- The majority of plans felt that CAHPS content topic areas were appropriate and relevant
- Most useful content topic areas:
 - Customer service
 - Access to care
 - Claims and paperwork
- Least useful content topic area – provider communication
- Some plans wanted more items on health plan customer service issues
- Some plans felt the specialist referral items were too focused on HMOs

Feedback on CAHPS Limitations



- **Plans felt that CAHPS is limited in its ability to establish specific actions and interventions**
- **Reasons cited were:**
 - **Data is reported at the plan level**
 - **Limited specificity in terms of scope of items, unit of analysis, and fit to different type of health plans**
 - **Data not timely enough to allow for improvements and monitoring**

Use of CAHPS and Other Surveys by Health Plans for QI Activities



- Plans supplement CAHPS with more real-time data specific to their markets and problem areas
- Most commonly used sources of other data are one or two other consumer surveys
- Main reason for other surveys – to identify what QI interventions they should develop and monitor
- Other surveys cited are primarily visit-based and allow for other levels of analysis

Analysis of Health Plan QIAs



- **Quality Improvement Activity (QIA) reports required for NCQA accreditation**
- **Purposes of the QIA analysis**
 - Identify and categorize health plans' service-related improvement activities
 - Understand health plan priorities for these activities
 - Have a validity check on information collected in the health plan interviews
- **NCQA sent us 224 blinded QIAs on plan services from the 1999 Quality Profile study**

Results of QIA Analysis



- **Four types of blinded QIA projects on consumer-reported performance measures**
 - **Member satisfaction**
 - **Access**
 - **Member services**
 - **Availability**
- **Re-categorized the QIAs according to the details of the issues or aspects of service**
- **Identified 9 specific service domains**

Specific Domains of Service Identified



- Access to care
- Availability of providers
- Complaints and appeals
- Provider communication
- Coordination of care
- Health plan services
- Health plan authorization of care
- Ancillary clinical services
- Preventative care

Steps in the Development of CAHPS QI Supplemental Items



- **Delphi process to identify top-rated domains**
- **Web-based meeting of a technical panel**
 - Five health plans with sophisticated data skills
 - Limitation – their views may not represent those of the larger population of plans
- **Follow-up ranking of domains and topic areas by two other groups of plans**
- **Development and review of QI survey items**
- **Work with three health plans to field test the candidate items**

Overview of the Delphi Process



- **Delphi is a tool to develop consensus among experts on a topic in an open forum**
- **Recruited 25 plans from the interview process who use CAHPS**
- **18 plans participated in two Delphi rounds**
- **At each level, asked plans to:**
 - **Rate importance of each domain (1 to 10 scale)**
 - **Rank domains by relative importance**

Priority Service Domains Identified in Delphi Process



<u>Level:</u>	<u>Plan</u>	<u>Group</u>	<u>Clinician</u>
Access to care	3	1	1-2
Availability of providers	2	2	1-2
Complaints and appeals			
Provider communication		3	
Coordination of care			
Health plan services	1		3
Health plan authorization of care			
Ancillary clinical services			
Preventative care			

Highlights of Review Panel Results



- **First panel narrowed the domains and ranked them**
 - 1- Coordination of care
 - 2- Access to care
 - 3- Information and materials
 - 4- Customer service
- **Subsequent panels agreed these were the important domains, but reordered them**
 - 1- Access to care
 - 2- Coordination of care
 - 3 or 4 - Customer service
 - 3 or 4 - Information and materials
- **All panels also prioritized the specific topics of interest within each domain at the plan level**

Development of QI Supplemental Items



- **Developed a pool of candidate items drawn from CAHPS and other surveys**
- **Items targeted the information needs voiced by plans in the interviews; covered the 9 domains**
- **Selected items that addressed topics that were important to many plans**
 - **Iterative selection process**
 - **Health plans, NCQA, and CAHPS consortium participated**
 - **Used information from Delphi and technical panels**

Overview of Field Test for QI Supplemental Items



- **Three health plans field tested 24 candidate QI supplemental items in their 2004 CAHPS surveys**
- **NCQA gave exemptions to support field test**
 - Allowed unlimited number of supplemental items
 - Agreed to changes to two existing items
- **RAND analyzed the items in Summer and Fall 04**
- **Uses for the QI supplemental items**
 - Refined for use in CAHPS 3.0 based on field test results
 - Adapted to be field tested for A-CAHPS

Findings from Analysis of QI Supplemental Items



- **Items generally performed well psychometrically**
 - Varied from plan to plan
 - Questions on after-hours care have very few responders
 - Three items had large percentages of responses in “other reason”
- **Moderate correlations among item responses – confirms relationships while each item provides unique information**
- **As a group, items predict each composite for which they provide “drill down” information**

Development of Tools To Support Quality Improvement Activities



- **Types of tools**
 - Supplemental survey items
 - Other tools to diagnose performance
 - Tools to support QI actions
- **Harvard CAHPS implementation guide – gives process and examples for implementing practice changes in various settings**
- **We searched for specific tools – difficult because information is decentralized and many tools are not published**
- **RAND is developing case examples from actual QI activities by health plans**

How Information Will Be Used



- **Finalize set of QI supplemental items**
- **Complete the development of case examples as tools for QI implementation**
- **QI demonstrations in years 3 through 5**
- **ESRD QI demonstration**
- **Major issue to be addressed – what tools and support are needed to help QI activities by health plans and providers**